2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000056999

1. Entity Name
AB-CO PRESSURE CLEANING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 9:43

Principal Place of Business	Mailing Address
24056 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980	24056 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980

2. Principal Place of Business	3. Mailing Address
24444 Buckingham Way	24444 Buckingham Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte	City & State: Port Charlotte
Zip: 33980 Country: usa	Zip: 33980 Country: usa

10062005 REIN-LLC CR2E101 (6/04)

4. FEI Number: 20-0526607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNNO, SALVATORE J 24056 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980	Name: Salvatore J. Munno Street Address (P.O. Box Number is Not Acceptable): 24444 Buckingham Way City: Port Charlotte FL Zip Code: 33980

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Salvatore J. Munno 10/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 After January 1, 2006, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MUNNO, SALVATORE J 24056 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 24444 Buckingham Way Port Charlotte Fl 33980
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100060963031 10/27/05--01045--006 **5.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Salvatore J. Munno
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #